11/10/2009 13:44

FEC FORM 3X

COMMITTEE (in full)

ADDRESS (number and street)

Check if different than previously

reported. (ACC)

C00000729

TYPE OF REPORT

(a) Quarterly Reports:

April 15

July 15

(TER)

Covering Period

Signature of Treasurer

Type or Print Name of Treasurer

October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE)

July 31 Mid-Year

Report(Non-election Year Only) (MY)

Termination Report

09

Electronically Filed by

Quarterly Report(Q1)

Quarterly Report(Q2)

(Choose One)

FEC IDENTIFICATION NUMBER

1. NAME OF

REPORT OF RECEIPTS AND DISBURSEMENTS

USE FEC MAILING LABEL

1111 14th Street, NW

Suite 1100

Washington

(b) Monthly

(c)

(d)

0 1

Dr Dennis Zent

Report

Due On:

12-Day

30-Day

PRE-Election

Report for the:

Post -Election

Report for the:

2009

Dr Dennis Zent

OR TYPE OR PRINT

American Dental Association Political Action Committee

For Other Than An Authorized Committee

CITY A

IS THIS

Feb 20 (M2)

Mar 20 (M3)

Apr 20 (M4)

Election on

Election on

REPORT

Office Use Only Example: If typing, type over the lines DC 20005 **STATE** ZIPCODE 🛋 NEW **AMENDED** Χ OR (N) (A) Nov 20 (M11) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jun 20 (M6) Sep 20 (M9) Χ Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G) in the State of Runoff (30R) General (30G) Special (30S) in the State of 09 30 2009 through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. 11 10 2009 Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office **FEC FORM 3X** Use (Rev. 12/2004) Only FE6AN026

A. Form/Schedule : F3XA

Adjusted beginning cash on hand amount.

 $Transaction \ ID: \\$

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

3 / 82

Write or Type Committee Name American Dental Association Political Action Committee

FEC Form 3X (Rev. 02/2003)

D D [®]D 09 0 1 2009 0.9 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 276141.44 January 1 (b) Cash on Hand at 149550.59 Begining of Reporting Period 108359.47 876770.95 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 257910.06 1152912.39 6(a) and 6(c) for Column B) 129949.61 1024951.94 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 127960.45 127960.45 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 82

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period:

From:

м м 0 9

D D 0

Y Y W Y 2 0 0 9

To:

м м 0 9 ^D 30

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	69300.00	97300.00
	(ii) Unitemized	38932.00	716289.95
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	108232.00	813589.95
(i	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	108232.00	813589.95
	ransfers From Affiliated/Other ≥arty Committees	98.00	62434.68
3. A	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(0	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	29.47	746.32
	ransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(i	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	108359.47	876770.95
	otal Federal Receipts subtract Line 18(c) from Line 19)	108359.47	876770.95

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 82

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		-
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	49.61	1154.94
	Expenditures(c) Total Operating Expenditures	49.01	1104.34
	(add 21(a)(i), (a)(ii) and (b))	49.61	1154.94
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	129900.00	1017525.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
		0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
((a) Individuals/Persons Other Than Political Committees	0.00	300.00
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	300.00
	(add Lines 28(a), (b), and (c))	0.00	300.00
29.	Other Disbursements	0.00	5972.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) rederal Strate		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	129949.61	1024951.94
32.	Total Federal Disbursements		
•	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	129949.61	1024951.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 82

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	108232.00	813589.95
34. Total Contribution Refunds (from Line 28(d))	0.00	300.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	108232.00	813289.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	49.61	1154.94
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	49.61	1154.94

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Dental Association Political	Action Com	mittee	
۸.	Full Name (Last, First, Middle Initial) Dr Mark C Huberty			Date of Receipt
	Mailing Address 325 River Oaks Dr	Ctata	7:- Oada	09 01 2005
	City Sheboygan Falls	State WI	Zip Code 53085-1087	Transaction ID: 8178655
	FEC ID number of contributing federal political committee.	C	33003-1007	Amount of Each Receipt this Period 100.00
	Name of Employer self-employed	Occupation dentist	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1600.00	
- s.	Full Name (Last, First, Middle Initial) Dr Lisa A Heinrich-Null Mailing Address 807 N Washington St			Date of Receipt
	Walling Address 607 IV Washington St	09 01 2009		
	City	State	Zip Code	Transaction ID: 8178657
	Victoria	TX	77901-5063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self-employed	Occupation dentist	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
. -	Full Name (Last, First, Middle Initial) Mrs. Constance Karlowicz			Date of Receipt
	Mailing Address 420 Reeves Avenue Suite A			09 01 2009
	City	State	Zip Code	Transaction ID: 8178658
	Dover FEC ID number of contributing federal political committee.	ОН	44622-2162	Amount of Each Receipt this Period 250.00
	Name of Employer James Karlowicz, DDS	Occupation dental as		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		850.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Dental Association Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) Dr James A Karlowicz		Date of Receipt
Mailing Address 1401 Parkdale Dr City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dover	OH 44622-1115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr James William Mc Daniel Mailing Address 1201 Rocky Dell L	n	Date of Receipt
	.11	09 01 2009
City	State Zip Code	Transaction ID: 8178674
Signal Mountain	TN 37377-3371	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr W Ken Rich		Date of Receipt
Mailing Address 111 Humes Ridge		09 01 2009
City Williamstown	State Zip Code KY 41097-9444	Transaction ID: 8178675 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1500.00
	mber only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 82 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Dental Association Politic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr David Miskel Eller Mailing Address 5178 Route 60			Date of Receipt 0 9 0 1 2 0 0 9
City Huntington FEC ID number of contributing	State WV	Zip Code 25705	Transaction ID: 8178676 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	Occupation dentist	Year-to-Date ▼	1
Full Name (Last, First, Middle Initial) Dr Robert E Butler Mailing Address 10014 Canterbury F	arms Ct		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Saint Louis FEC ID number of contributing federal political committee.	State MO	Zip Code 63128-3278	Transaction ID: 8178678 Amount of Each Receipt this Period 500.00
Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation dentist Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Lori Wulf Roseman Mailing Address 12380 Federal Dr			Date of Receipt
City Des Peres FEC ID number of contributing federal political committee.	State MO	Zip Code 63131-3836	Transaction ID: 8178679 Amount of Each Receipt this Period 500.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation dentist Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Dental Association Politic		•	
Full Name (Last, First, Middle Initial) Dr Mark R Zust			Date of Receipt
Mailing Address 14005 Eagle Manor	0 9 0 1 2 0 0 9		
City Chesterfield	State MO	Zip Code 63017-2686	Transaction ID: 8178680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00017 2000	500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mrs. Phyllis Zust			Date of Receipt
Mailing Address 1405 Eagle Manor Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chesterfield	State MO	Zip Code 63017	Transaction ID: 8178681
FEC ID number of contributing federal political committee.	C	03017	Amount of Each Receipt this Period 250.00
Name of Employer Dr. Mark R. Zust	Occupation	n assistant	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Carl L Sebelius, Jr			Date of Receipt
Mailing Address 2054 Harbert Ave			0 9 0 1 2 0 0 9
City Memphis	State TN	Zip Code 38104-5331	Transaction ID: 8178690 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona			1250.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 82 (check only one) X 11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Dental Association Politica	al Action Com	mittee	
	Full Name (Last, First, Middle Initial) Dr Leon Edward Stanislav			Date of Receipt
	Mailing Address 409 Savannah Trace	Dr		09 01 2009
	City	State	Zip Code	Transaction ID: 8178691
	Clarksville	TN	37043-5443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Dentist	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Dr H Fred Howard			Date of Receipt
	Mailing Address PO Box 842			
	City	State	Zip Code	Transaction ID: 8178692
	Harlan	KY	40831-0842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self-employed	Occupation dentist	on	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Dr Thomas W Leslie			Date of Receipt
	Mailing Address 4759 Cold Run Valley Rd			09 01 YYYYY 2009
	City	State	Zip Code	Transaction ID: 8178696
	Berkeley Springs	WV	25411-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self-employed	Occupation dentist	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 82 (check only one)			
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American Dental Association Polit						
Full Name (Last, First, Middle Initial) Mrs. Toni Leslie			Date of Receipt			
	Mailing Address 4759 Cold Run Valley Road					
City Berkeley Springs	State WV	Zip Code 25411-1235	Transaction ID: 8178697 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer self-employed	Occupation office ma					
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr Charles B Foy, Jr			Date of Receipt			
Mailing Address 7 Greenbriar Dr	0 9 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State	Zip Code	Transaction ID: 8178713			
Covington FEC ID number of contributing federal political committee.	C	70433-4542	Amount of Each Receipt this Period 500.00			
Name of Employer self-employed	Occupation dentist	n				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr Timothy D Chase			Date of Receipt			
Mailing Address 110 Luther Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Monticello	State AR	Zip Code 71655-5616	Transaction ID: 8178991 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	7 1000 0010	500.00			
Name of Employer self-employed	Occupation dentist	n				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (option	nal)		1250.00			

Norman FEC ID number of contributing federal political committee. Name of Employer OK Univ School of Dentistry Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Brett A Roufs Mailing Address 3231 Royer West Dr	n Committee State Zip Code DK 73072-6643	Date of Receipt Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr Stephen K Young Mailing Address 2604 Barry Switzer Ave City Norman FEC ID number of contributing federal political committee. Name of Employer OK Univ School of Dentist- ry Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Brett A Roufs Mailing Address 3231 Royer West Dr	ccupation ental School Faculty agregate Year-to-Date	Transaction ID: 8178992 Amount of Each Receipt this Period 500.00
Other (specify) Full Name (Last, First, Middle Initial) Dr Brett A Roufs Mailing Address 3231 Royer West Dr	500.00	M M / D D / Y Y Y Y
Oity	State Zip Code	
FEC ID number of contributing federal political committee. Name of Employer self-employed de	KS 67114-9639	Transaction ID: 8178993 Amount of Each Receipt this Period 200.00
Leawood FEC ID number of contributing federal political committee. Name of Employer self-employed	ccupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ue	entist ggregate Year-to-Date ▼ 400.00	900.00

SCHEDULE A (FEC Form 3X)

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	201	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 82 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Dental Association Political	e name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr Tamara S Berg Mailing Address 1012 Kingsridge Dr	0	7. 0 1	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State OK	Zip Code	Transaction ID: 8178998
	Yukon FEC ID number of contributing federal political committee.	C	73099-3427	Amount of Each Receipt this Period 500.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation dentist Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr Kim D Keisner Mailing Address 54 Stonehenge Dr			Date of Receipt 0 9 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 8179005
	Bentonville	AR	72712-4092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self-employed	Occupation dentist		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Mrs. Angela Keisner Mailing Address 54 Stonehenge Drive			Date of Receipt 0 9 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 8179006
	Bentonville	AR	72712-4092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Kim D. Keisner, DDS, PA	Occupation Office M	anager	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 82 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to		
American Dental Association Politica	al Action Committee		
Full Name (Last, First, Middle Initial) Dr K Jean Beauchamp Mailing Address 173 E Glenwood Dr		Date of Receipt	
City	State Zip Code	0 9 0 4 2 0 0 9 Transaction ID: 8220669	
Clarksville	TN 37040-3552	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Self-Employed	Occupation Dentist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr James S Torchia		Date of Receipt	
Mailing Address 8736 S Florence Ave			
City	State Zip Code	Transaction ID: 8220670	
Tulsa	OK 74137-2543	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer self-employed	Occupation dentist		
Receipt For:	Aggregate Year-to-Date ▼	_	
Primary General Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial) Mrs. Bootsey Torchia		Date of Receipt	
Mailing Address 8736 S. Florence Ave		09 04 2009	
City	State Zip Code	Transaction ID: 8220671	
Tulsa	OK 74137-2543	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer James Torchia, DDS, Inc.	Occupation office manager		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)		1250.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/82 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Dental Association Politic	cal Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr Raymond A Cohlmia			Date of Receipt
Mailing Address 13000 Burnt Oak R	d		09 04 2009
City Oklahoma City	State OK	Zip Code 73120-8940	Transaction ID: 8220672 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70120 0040	500.00
Name of Employer self-employed	Occupation dentist	ו	
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mrs. Sherry Cohlmia			Date of Receipt
Mailing Address 13000 Burnt Oak R	oad		0 9 0 4 2 0 0 9
City	State OK	Zip Code	Transaction ID: 8220673
Oklahoma City FEC ID number of contributing federal political committee.	C	73120-8940	Amount of Each Receipt this Period 250.00
Name of Employer Raymond Cohlmia, DDS	Occupation bookkeep		
Receipt For: Primary General Other (specify) ▼	<u> </u>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Eva Fridy Ackley			Date of Receipt
Mailing Address 5012 Westshore Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New Port Richey	State FL	Zip Code 34652-3042	Transaction ID: 8220686 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3-1032 00+2	500.00
Name of Employer Self-employed	Occupation Dentist	١	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	.(1)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 82 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Dental Association Political	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr R Wayne Thompson Mailing Address 10615 W 70th Ter City	State	Zip Code	Date of Receipt M
Shawnee FEC ID number of contributing federal political committee.	C	66203-4123	Amount of Each Receipt this Period 500.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation dentist Aggregate	e Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr D Douglas Cassat Mailing Address 10035 Rue Chantema	ar		Date of Receipt 0 9 0 8 2 0 0 9
City	State	Zip Code	Transaction ID: 8220868
San Diego	CA	92131-2271	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self-employed	Occupatio dentist		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr Donald M Schinnerer	•		Date of Receipt
Mailing Address 700 Hawthorn Ct			09 08 2009
City	State	Zip Code	Transaction ID: 8220869
San Ramon FEC ID number of contributing federal political committee.	CA	94582-5641	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupatio dentist	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	1		1500.00

Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may		
	NAME OF COMMITTEE (In Full)	e name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/</u>	American Dental Association Political	Action Comr	nittee	
۱.	Full Name (Last, First, Middle Initial) Dr Virginia A Hughson-Otte			Date of Receipt
	Mailing Address 27940 Lost Canyon Ro	d 		09 / 08 / 7 2009
	City	State	Zip Code	Transaction ID: 8220870
	Santa Clarita	CA	91387-3266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self-employed	Occupation dentist	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr Cynthia Brattesani	1		Date of Receipt
	Mailing Address Apt 718 1800 Washington St			09 / 08 / 2009
	City	State	Zip Code	Transaction ID: 8220871
	San Francisco	CA	94109-3585	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self-employed	Occupation dentist	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	500.00	
 :.	Full Name (Last, First, Middle Initial) Dr Lindsey Anne Robinson	1		Date of Receipt
	Mailing Address 10384 Alta St			09 / 08 / 2009
	City	State	Zip Code	Transaction ID: 8220872
	Grass Valley	CA	95945-6129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self-employed	Occupation dentist		
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 82 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Dental Association Politic		• •	
Full Name (Last, First, Middle Initial) Dr Myron Joel Bromberg			Date of Receipt
Mailing Address 7012 Reseda Blvd.			09 08 2009
City Reseda	State CA	Zip Code 91335-4219	Transaction ID: 8220873
FEC ID number of contributing federal political committee.	C	91000-4219	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupatio dentist	n	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Carol Gomez Summerhays	 		Date of Receipt
Mailing Address 13234 Polvera Ave			0 9 0 8 2 0 0 9
City	State CA	Zip Code	Transaction ID: 8220874
San Diego FEC ID number of contributing federal political committee.	C	92128-1148	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupatio dentist	n	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Craig Steven Yarborough			Date of Receipt
Mailing Address 373 Los Cerros Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8220876
Greenbrae FEC ID number of contributing federal political committee.	CA	94904-1122	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupatio dentist	n	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
			1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) American Dental Association	orts and Statements may not be sold or used by any perso using the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dr Donald P Rollofson Mailing Address 2337 Dodge L City Carmichael FEC ID number of contributing federal political committee. Name of Employer Self-employed dentist		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial Dr Matthew James Campbell, Jr Mailing Address 1601 Elsdon C	·	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 8220878
Carmichael	CA 95608-6016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial Mrs. Irene Campbell		Date of Receipt
Mailing Address 1601 Elsdon C	Dircle	09 08 7 2009
City	State Zip Code	Transaction ID: 8220879
Carmichael FEC ID number of contributing federal political committee.	CA 95608-6016	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation retired	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (c	1	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 82 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Dental Association Political	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr La Juan Hall Mailing Address 2868 Larkey Ln City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State CA C Occupation dentist Aggregate	Zip Code 94597-2443 n	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Janice G Moreno Mailing Address 2515 Poppy Dr	33.03	500.00	Date of Receipt
City Lodi FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State CA C Occupation dentist Aggregate	Zip Code 95242-4776	Transaction ID: 8220881 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr Gary Neil Herman Mailing Address 18911 Granada Cir City Northridge FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State CA C Occupation dentist	_	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		500.00 500.00	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 82 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Dental Association Politic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mrs. Joann F. Triftshauser Mailing Address 63 Ellicott Avenue			Date of Receipt
City Batavia FEC ID number of contributing	State NY	Zip Code 14020-2028	Transaction ID: 8229285 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed	Occupation retired	n	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Roger W Triftshauser Mailing Address 63 Ellicott Ave			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8229286
Batavia	NY	14020-2028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Judee Tippett-Whyte	'		Date of Receipt
Mailing Address 2489 Stony Creek C	Cir		09 11 2009
City	State	Zip Code	Transaction ID: 8229305
Acampo FEC ID number of contributing federal political committee.	CA	95220-9564	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona)		1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Dental Association Political	Action Com	mittee	
Α.	Full Name (Last, First, Middle Initial) Dr Douglas James Gordon			Date of Receipt
	Mailing Address 20 Powder Bowl Ct City	State	Zip Code	0 9 1 0 2 0 0 9 Transaction ID: 8229313
	El Sobrante	CA	94803-2621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self-employed	Occupatio dentist	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr Douglas Auld Mailing Address 1310 Douglas Rd			Date of Receipt
				09 14 2009
	City	State	Zip Code	Transaction ID: 8230863
	McAlester	OK	74501-7160	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self-employed	Occupatio dentist	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_ С.	Full Name (Last, First, Middle Initial) Dr James D Stephens			Date of Receipt
	Mailing Address 205 Live Oak Lane			09 15 2009
	City	State	Zip Code	Transaction ID: 8233256
	Los Altos FEC ID number of contributing federal political committee.	CA	94022-2120	Amount of Each Receipt this Period 500.00
	Name of Employer self-employed	Occupatio dentist	n	
	Receipt For: Primary General Other (specify) ▼	. '	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
t	TOTAL This Period (last page this line number		<u> </u>	

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В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	tements may not be sold or used by any perso ame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Dental Association Political A	ction Committee	
Full Name (Last, First, Middle Initial) Dr Darrell T Teruya Mailing Address 2615 S. King St		Date of Receipt
City Honolulu	State Zip Code HI 96826-3275	0 9 1 6 2 0 0 9 Transaction ID: 8234865
FEC ID number of contributing federal political committee.	HI 96826-3275	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Ronald G Testa		Date of Receipt
Mailing Address 530 Plymouth Ct City	State Zip Code	0 9 1 6 2 0 0 9 Transaction ID: 8235243
Frankfort	IL 60423-9719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Frank A Maggio		Date of Receipt
Mailing Address 35W332 Chateau Dr W		09 / 16 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 8235247
Dundee FEC ID number of contributing federal political committee.	IL 60118-3111	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 82 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
American Dental Association Politica	ll Action Committee	
Full Name (Last, First, Middle Initial) Dr Bradley W Barnes		Date of Receipt
Mailing Address 13775 Benjamin Ct City	State Zip Code	0 9 1 6 2 0 0 9 Transaction ID: 8235249
Bloomington	IL 61705-5143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Mark J Humenik		Date of Receipt
Mailing Address 2211 Illinois Rd		0 9 1 6 Y Y Y Y Y
City	State Zip Code	Transaction ID: 8235260
Northbrook	IL 60062-5236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Perry K. Tuneberg		Date of Receipt
Mailing Address 3761 Fox Pointe		09 16 7 2009
City	State Zip Code	Transaction ID: 8235425
Rockford	IL 61114-7072	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26/82 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Dental Association Politic	al Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr Mary J Hayes			Date of Receipt
Mailing Address 2648 N Bosworth A	ve		09 16 2009
City Chicago	State IL	Zip Code 60614-1108	Transaction ID: 8235430 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00014 1100	500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Brian F Soltys			Date of Receipt
Mailing Address 2123 Carrington Ch	ase		0 9 1 6 2 0 0 9
City Rockford	State IL	Zip Code 61114-8414	Transaction ID: 8235432 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01114 0414	500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr H Michael Kaske			Date of Receipt
Mailing Address 76 Burnette Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Antioch	State IL	Zip Code 60002-2614	Transaction ID: 8236443 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00002-2014	500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 82 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Dental Association Political	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Paul S Levine Mailing Address 9310 N Spruce Rd City Milwaukee FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State WI C Occupatio dentist Aggregate	Zip Code 53217-1131 n	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mrs. Judy Levine	7 iggi ogatic	700.00	Date of Receipt
Mailing Address 9310 N. Spruce Road City Milwaukee FEC ID number of contributing federal political committee. Name of Employer Levine Dental Associates Receipt For: Primary General Other (specify) ▼	+	Zip Code 53217-1131 n e coordinator e Year-to-Date 250.00	Transaction ID: 8236448 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr Ned James Murphy Mailing Address 5718 Wildwood Dr City Racine FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State WI C Occupation dentist Aggregate	Zip Code 53403-9711 n e Year-to-Date ▼ 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			950.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Dental Association Political			
	Full Name (Last, First, Middle Initial) Dr Kent L Vandehaar Mailing Address 1737 Brickyard Ln City Chippewa Falls FEC ID number of contributing federal political committee. Name of Employer self-employed	State WI C Occupation	Zip Code 54729-2294	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	dentist Aggregate	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr Paul Gene Hagemann Mailing Address 6747 W Kimball Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8236459
	<u>Hurley</u>	WI	54534-9054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self-employed	Occupatio dentist	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr Connie M Verhagen Mailing Address 3467 Winnetaska Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8236469
	Muskegon FEC ID number of contributing federal political committee.	C	49441-3335	Amount of Each Receipt this Period 500.00
	Name of Employer self-employed	Occupatio dentist	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
\[\frac{1}{5}\]	SUBTOTAL of Receipts This Page (optional)			1500.00
<u> </u>	FOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 82 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Dental Association Politic	cal Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr Martin Makowski			Date of Receipt
Mailing Address 2905 vineyard Drive	•		09 17 2009
City Trov	State MI	Zip Code 48098-5105	Transaction ID: 8236470
FEC ID number of contributing federal political committee.	C	46090-3103	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mrs. Karen Makowski			Date of Receipt
Mailing Address 2905 Vineyards Driv	ve		0 9 1 7 2 0 0 9
City	State MI	Zip Code	Transaction ID: 8236471
Troy FEC ID number of contributing federal political committee.	C	48098-6206	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation artist	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Daniel M Briskie			Date of Receipt
Mailing Address 1411 Bush Creek D	r		0 9 1 7 2 0 0 9
City Grand Blanc	State MI	Zip Code 48439-2306	Transaction ID: 8236472
FEC ID number of contributing federal political committee.	C	40433*2300	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona			1250.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 82 (check only one) X
or for cor	nmercial purposes, other than using the	atements may name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	E OF COMMITTEE (In Full) rican Dental Association Political A	Action Com	mittee	
A. Dr Zel	ame (Last, First, Middle Initial) ton Gerongous Johnson g Address 5390 Coral Ridge Dr			Date of Receipt
City	3350 Ooral Hidge Di	State	Zip Code	09 17 2009
-	d Blanc	MI	48439-9522	Transaction ID: 8236474 Amount of Each Receipt this Period
FEC I	D number of contributing Il political committee.	С		500.00
Name self-e	of Employer mployed	Occupation dentist	n	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
B. Dr Ro	ame (Last, First, Middle Initial) pert A Coleman			Date of Receipt
Mailin	g Address 23067 Frederick Ave			09 17 2009
City		State	Zip Code	Transaction ID: 8236476
	iington	MI	48336-3932	Amount of Each Receipt this Period
federa	D number of contributing Il political committee.	C		500.00
Name self-e	of Employer mployed	Occupation dentist	n	
	ot For:	Aggregate	e Year-to-Date 🔻	
	Primary ☐ General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr Jeffery W Johnston			Date of Receipt
Mailin	g Address 3501 Maxwell Ct	09 17 2009		
City	e 11	State	Zip Code	Transaction ID: 8236477
FEC I	mfield D number of contributing Il political committee.	C	48301-2032	Amount of Each Receipt this Period 500.00
Name self-e	of Employer mployed	Occupation	n	
	ot For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 500.00	
SUBTO	IAL of Receipts This Page (optional)			1500.00
	This Period (last page this line number of			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 82 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Dental Association Politica	Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr Joanne Dawley			Date of Receipt
Mailing Address 3420 Sherbourne Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8236479
Detroit	MI	48221-1877	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self-employed	Occupatio dentist	n	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	33,53	500.00	
Full Name (Last, First, Middle Initial) Dr Rhonda Jean Hennessy			Date of Receipt
Mailing Address 37235 Goddard Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8236481
Romulus	MI	48174-1215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self-employed	Occupatio dentist	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Steven M Dater			Date of Receipt
Mailing Address 7122 Hawick Ct NE			09 17 2009
City	State	Zip Code	Transaction ID: 8236484
Belmont	MI	49306-9688	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self-employed	Occupatio dentist	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .			1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 82 (check only one) X 11a 11b 11c 12
A : (: : : : : : : : : : : : : : : : :	<u> </u>	, ,	13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Dental Association Political	Action Com	mittee	
Full Name (Last, First, Middle Initial)			
Dr Stephen R Harris			Date of Receipt
Mailing Address 34024 W 8 Mile Rd	Ctata	7:n Oada	09 17 2009
City <u>Farmington</u>	State MI	Zip Code 48335-5209	Transaction ID: 8236486
		46333-3209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self-employed	Occupatio dentist	n	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	1
	0 0		1
Full Name (Last, First, Middle Initial) Dr Charles Kenneth Burling			Date of Receipt
Mailing Address 306 Willard St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8236487
Dowagiac	MI	49047-2139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self-employed	Occupatio dentist	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Rob R Lovell			Date of Receipt
Mailing Address 536 N Elmwood Ave			0 9 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: 8236488
Traverse City	MI	49684-1454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self-employed	Occupatio dentist	n	7
Receipt For:	, '	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00]
SUBTOTAL of Receipts This Page (optional)		······	1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 82 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Dental Association Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Dr Gary E Jeffers		Date of Receipt
Mailing Address 42890 Steepleview S		09 / 17 / 2009
City	State Zip Code	Transaction ID: 8236491
Northville FEC ID number of contributing federal political committee.	MI 48168-2077	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation	
Receipt For: Primary General Other (specify)	dentist Aggregate Year-to-Date ▼ 500.00	1
Full Name (Last, First, Middle Initial) Mrs. Nancy Jeffers Mailing Address 42890 Steepleview 9	Date of Receipt	
011	Olata Zia Olata	09 17 2009
City <u>Northville</u>	State Zip Code MI 48168-2077	Transaction ID: 8236492
FEC ID number of contributing federal political committee.	C 40100-2077	Amount of Each Receipt this Period 250.00
Name of Employer United States Government	Occupation federal worker	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Gregory J Peppes		Date of Receipt
Mailing Address 9301 Lee Ct		09 18 2009
City <u>Leawood</u>	State Zip Code KS 66206-1928	Transaction ID: 8240570 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional) .	950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 82 (check only one) X
	Statements may not be sold or used by any personal statements and address of any political committee to	
NAME OF COMMITTEE (In Full) American Dental Association Politica	I Action Committee	
Full Name (Last, First, Middle Initial) Dr Dennis E. Manning		Date of Receipt
Mailing Address 21787 W Jupiter Ct City	State Zip Code	0 9 1 8 2 0 0 9 Transaction ID: 8240575
Mundelein	IL 60060-5333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mrs. Linda Manning Mailing Address 268 Leonardwood So	uth #106	Date of Receipt
Mailing Address 200 Leonardwood 50	09 18 2009	
City	State Zip Code	Transaction ID: 8240576
Highland Park	IL 60035-5926	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. Dennis Manning	Occupation office manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr John L Carter		Date of Receipt
Mailing Address 6116 Pinewood Dr		09 / 18 / 2009
City <u>Midland</u>	State Zip Code MI 48640-1971	Transaction ID: 8240579 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .	· · · · · · · · · · · · · · · · · · ·	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	
American Dental Association Political	Action Committee	
Full Name (Last, First, Middle Initial) Mrs. Silvia Carter		Date of Receipt
Mailing Address 6116 Pinewood Drive City	State Zip Code	0 9 1 8 2 0 0 9 Transaction ID: 8240580
Midland	MI 48640-1971	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. John Carter	Occupation office manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Norman Vincent Palm		Date of Receipt
Mailing Address 3030 Bonnell Ave SE		09 / 18 / 2009
City	State Zip Code	Transaction ID: 8240582
Grand Rapids	MI 49506-3134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Matthew Bryson Roberts		Date of Receipt
Mailing Address 913 E Goliad Ave	0 9 1 8 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 8240584
Crockett	TX 75835-2226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC FO	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 82 (check only one) X 11a
Any information copied from such F or for commercial purposes, other to NAME OF COMMITTEE (In Ful American Dental Association)		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle In Dr Cynthia J Petroff Mailing Address 3725 Cleve	tial)	Zip Code	Date of Receipt M
Norton FEC ID number of contributing federal political committee.	OH C	44203-5614	Amount of Each Receipt this Period 500.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation dentist Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle In Dr Raymond Mason Maddox Mailing Address 5817 N Cec	<u>, </u>		Date of Receipt 0 9 1 8 2 0 0 9
City	State	Zip Code	Transaction ID: 8240594
Muncie	IN	47304-5867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self-employed	Occupation dentist	١	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle In Mrs. Donna Kay Maddox Mailing Address 5817 North	tial) Cedar Springs Road		Date of Receipt 0 9 1 8 2 0 0 9
City	State	Zip Code	Transaction ID: 8240595
<u>Muncie</u>	IN	47304-5867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self-employed	Occupation dental hy	gienist	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pag	e (optional)		1250.00
TOTAL This Period (last page this	line number only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 82 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Dental Association Politic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Dennis J Zent Mailing Address 3030 N Bay View F	Rd		Date of Receipt 0 9 1 8 2 0 0 9
City Angola FEC ID number of contributing	State IN	Zip Code 46703-9014	Transaction ID: 8240605 Amount of Each Receipt this Period 500.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation dentist	n Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Mrs. Wendy Zent Mailing Address 12120 Burning Tree	e Road		Date of Receipt 0 9 1 8 2 0 0 9
City	·		
Fort Wayne FEC ID number of contributing federal political committee.	C	46845-6919	Amount of Each Receipt this Period 250.00
Name of Employer Endodontic Associates, In- c. Receipt For: Primary General Other (specify) ▼	Occupation office ma		
Full Name (Last, First, Middle Initial) Dr Thomas S Kelly Mailing Address 35 Pinewood Ln			Date of Receipt
			09 18 2009
City Hudson	State OH	Zip Code 44236-3467	Transaction ID: 8240608 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer self-employed	Occupation dentist	_	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		1250.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 82 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Dental Association Political	name and ad	dress of any political committee to	on for the purpose of soliciting contributions
∠ 4.	Full Name (Last, First, Middle Initial) Dr Christopher Connell			Date of Receipt
	Mailing Address 5395 Meadow Wood E	Blvd		09 18 2009
	City	State	Zip Code	Transaction ID: 8240613
	Cleveland FEC ID number of contributing federal political committee.	C	44124-3754	Amount of Each Receipt this Period 500.00
	Name of Employer self-employed	Occupatio dentist	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr Gregory E Phillips Mailing Address 4640 Harrison Ridge F	Rd		Date of Receipt
			7' 0 1	09 18 2009
	City Columbus	State IN	Zip Code 47201-9753	Transaction ID: 8240660 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	47201 3733	500.00
	Name of Employer self-employed	Occupatio dentist	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_ ;.	Full Name (Last, First, Middle Initial) Mrs. Stephanie Phillips	<u> </u>		Date of Receipt
	Mailing Address 4640 Harrison Ridge F	Road		09 18 2009
	City Columbus	State IN	Zip Code	Transaction ID: 8240661
	FEC ID number of contributing federal political committee.	C	47201-9753	Amount of Each Receipt this Period 250.00
	Name of Employer Dr. Gary Garenbach	Occupatio dental hy		
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
American Dental Association Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Dr Henry W Fields, Jr Mailing Address 4066 Fenwick Rd		Date of Receipt
City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Columbus	OH 43220-4870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation Dental School Faculty	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Daniel W Fridh	l	Date of Receipt
Mailing Address 3633 W Waverly R		09 / 18 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 8240717
La Porte	IN 46350-7984	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Michael H Halasz	1	Date of Receipt
Mailing Address 9146 Beacon Light		09 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 8240721
Centerville	OH 45458-3638	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	1500.00
	nber only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 82 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Dental Association Politic	d Statements may not be sold or used by any pers the name and address of any political committee to al Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Steven J Holm Mailing Address 635 Deer Meadow T City	rl State Zip Code	Date of Receipt M
Valparaiso FEC ID number of contributing federal political committee.	IN 46385-8920	Amount of Each Receipt this Period 500.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation dentist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr Bernard J Asdell Mailing Address 3351 Deer Lake Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 8240730
South Bend	IN 46614-2468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Mara Catey-Williams Mailing Address 3615 W 300 S		Date of Receipt 0 9 1 8 2 0 0 9
City	State Zip Code	Transaction ID: 8240731
Marion FEC ID number of contributing federal political committee.	IN 46953-9728	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1500.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Dental Association Political	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr Terry G Schechner Mailing Address 85 Tanglewood Trl City Valparaiso FEC ID number of contributing federal political committee.	State IN	Zip Code 46385-8942	Date of Receipt 0 9 1 8 2 0 0 9 Transaction ID: 8240733 Amount of Each Receipt this Period 500.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation dentist Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr Mark E Bronson Mailing Address 7623 Greenland Pl			Date of Receipt 0 9 1 8 2 0 0 9
	City Cincinnati FEC ID number of contributing federal political committee.	State OH	Zip Code 45237-2709	Transaction ID: 8240739 Amount of Each Receipt this Period 500.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupatio dentist Aggregate	e Year-to-Date ▼ 500.00	
С.	Full Name (Last, First, Middle Initial) Dr Joseph P Crowley Mailing Address 3796 Lincoln Rd	. I		Date of Receipt 0 9 1 8 2 0 0 9
	City Cincinnati FEC ID number of contributing	State OH	Zip Code 45247-6933	Transaction ID: 8240740 Amount of Each Receipt this Period 500.00
	Name of Employer self-employed	Occupatio dentist	n	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 82 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Dental Association Politic	cal Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr William J Zucker			Date of Receipt
Mailing Address 5618 Cambridge Ci	ir		09 18 2009
City Sandusky	State OH	Zip Code 44870-9774	Transaction ID: 8240741 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.070 077	500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Charles Lawrence Steffel	I		Date of Receipt
Mailing Address 660 Ellsworth St			0 9 1 8 2 0 0 9
City	State IN	Zip Code	Transaction ID: 8240744
Indianapolis FEC ID number of contributing federal political committee.	C	46202-6132	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Michael A Kurkowski			Date of Receipt
Mailing Address 5835 Saint Albans	Ct		09 23 2009
City Shoreview	State MN	Zip Code 55126-4754	Transaction ID: 8240873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00120 1701	500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		1500.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Dental Association Politica	ne name and ad	dress of any political committee t	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr David Roy Neumeister Mailing Address 77 Hucklehill Rd City Vernon FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State VT C Occupation Dentist Aggregate	Zip Code 05354-9594 on e Year-to-Date ▼	Date of Receipt 0 9 2 4 2 0 0 9 Transaction ID: 8243915 Amount of Each Receipt this Period 500.00
– В.	Other (specify) Full Name (Last, First, Middle Initial) Dr Francis A Connor, Jr Mailing Address 81 Wampanoag Cir City North Kingstown	State RI	Zip Code 02852-5746	Date of Receipt 0 9 2 4 2 0 0 9 Transaction ID: 8243918 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation dentist Aggregate	on e Year-to-Date ▼ 500.00	500.00
С.	Full Name (Last, First, Middle Initial) Dr Milton A Glicksman Mailing Address 49 State Road Nause City Dartmouth FEC ID number of contributing federal political committee.	State MA	Zip Code 02747-3322	Date of Receipt M M M
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation dentist Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Dental Association Pol	and Statements may not be sold or used by any persong the name and address of any political committee to itical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Edwin Stephen Mehlman Mailing Address 3 Hanley Farm R City Warren FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code RI 02885-4376 C Occupation dentist Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr David S. Samuels Mailing Address 7 Ridge Hill Way City Andover FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code MA 01810-3273 C Occupation Dentist Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) Dr Gary Donald Oyster Mailing Address 597 Beechwood I City Franklinton FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code NC 27525-9106 C Occupation dentist Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify)	nal)	1500.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 82 (check only one) X 11a
or for co	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full) erican Dental Association Political A	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Mrs. Maili City Fra	Name (Last, First, Middle Initial) Sharon Oyster ing Address PO Box 189 nklinton C ID number of contributing eral political committee.	State NC	Zip Code 27525-0189	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	eipt For: Primary General Other (specify)	Occupation homema Aggregate		
B. <u>Dr A</u>	Name (Last, First, Middle Initial) llonzo M Bell ing Address 3506 Malvern Court	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Alex FEC fede	xandria CID number of contributing eral political committee.	VA	22304-1852	Transaction ID: 8244006 Amount of Each Receipt this Period 500.00
	eipt For: Primary General Other (specify)	Occupation dentist Aggregate	e Year-to-Date ▼ 500.00	
Dr W	Name (Last, First, Middle Initial) Villiam M Litaker, Jr ing Address 1092 13th Ave NW			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City <u>Hicl</u>	kory	State NC	Zip Code 28601-2316	Transaction ID: 8244008 Amount of Each Receipt this Period
	CID number of contributing ral political committee.	C		500.00
	ne of Employer employed	Occupation dentist		
Reco	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBT	OTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 82 (check only one) X 11a
Any information copied from such Report for commercial purposes, other than to NAME OF COMMITTEE (In Full) American Dental Association P	rts and Statements may not be sold or used by any persousing the name and address of any political committee to colitical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr John G Buchanan Mailing Address 910 Country Cl City Lexington FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	ub Dr State Zip Code NC 27292-5418 C Occupation dentist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Mrs. Jeanie Buchanan	500.00	Date of Receipt
Mailing Address 910 Country Cl City Lexington FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code NC 27292-5418 C Occupation homemaker Aggregate Year-to-Date 250.00	Transaction ID: 8244010 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr M Alec Parker Mailing Address 3333 Sunstone City Cary FEC ID number of contributing federal political committee.	Drive State Zip Code NC 27519-4444 C	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation dentist Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (or	tional)	1250.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Dental Association Politica	Action Committee	
۷.	Full Name (Last, First, Middle Initial) Dr Charles H Norman, III		Date of Receipt
	Mailing Address 2012 Pembroke Rd		09 24 2009
	City Greensboro	State Zip Code NC 27408-6330	Transaction ID: 8244012
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
	Name of Employer self-employed	Occupation dentist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) Ms. Sharon Norman Mailing Address 2012 Pembroke Road		Date of Receipt
	Mailing Address 2012 Pembroke Road	l	09 24 2009
	City	State Zip Code	Transaction ID: 8244013
	Greensboro FEC ID number of contributing federal political committee.	NC 27408-6330	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation homemaker	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_ }.	Full Name (Last, First, Middle Initial) Dr James A Harrell, Jr		Date of Receipt
	Mailing Address 480 Hawthorne Rd		09 24 2009
	City Elkin	State Zip Code NC 28621-3023	Transaction ID: 8244018 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 20021-3023	500.00
	Name of Employer self-employed	Occupation dentist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Γ			1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 82 (check only one) X 11a
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Dental Association Political	Action Com	mittee	
	Full Name (Last, First, Middle Initial) Mrs. Barbara Harrell			Date of Receipt
	Mailing Address 480 Hawthorne Road			09 24 2009
	City Elkin	State NC	Zip Code 28621-3023	Transaction ID: 8244019 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio	on nity volunteer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Robert P Hollowell, Jr			Date of Receipt
	Mailing Address 101 Glenspring Way			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 8244020
	Morrisville FEC ID number of contributing federal political committee.	C	27560-6994	Amount of Each Receipt this Period 500.00
	Name of Employer self-employed	Occupation Dentist	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr Wilson O Kelly Jewell			Date of Receipt
	Mailing Address 5012 Crown Point Lar	ne		09 24 2009
	City Wilmington	State NC	Zip Code 28409-3298	Transaction ID: 8244021
	FEC ID number of contributing federal political committee.	C	20403-3230	Amount of Each Receipt this Period 500.00
	Name of Employer self-employed	Occupation dentist	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 82 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Dental Association Politica	al Action Com	mittee	
۸.	Full Name (Last, First, Middle Initial) Dr Rex Brown Card Mailing Address 1732 Chalk Rd			Date of Receipt
				09 24 2009
	City <u>Wake Forest</u>	State NC	Zip Code 27587-9160	Transaction ID: 8244022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self-employed	Occupation dentist	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr Bettie R Mc Kaig			Date of Receipt
	Mailing Address 2425 Argyle Dr			09 / 24 / 2009
	City	State	Zip Code	Transaction ID: 8244023
	Raleigh FEC ID number of contributing federal political committee.	C	27609-7663	Amount of Each Receipt this Period 500.00
	Name of Employer self-employed	Occupation dentist	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. Ross Vaughan			Date of Receipt
	Mailing Address 8524 Sleepy Creek D	rive		09 24 2009
	City Raleigh	State NC	Zip Code	Transaction ID: 8244024
	FEC ID number of contributing federal political committee.	C	27613-4340	Amount of Each Receipt this Period 250.00
	Name of Employer UNC	Occupation physicial		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) American Dental Association	ports and Statements may not be sold or used by any person using the name and address of any political committee Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initi Dr Scott W Cashion Mailing Address 402 Turnstor City Greensboro FEC ID number of contributing	State Zip Code NC 27455-1370	Date of Receipt M M
Receipt For: Primary Other (specify) ▼	Occupation dentist Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initi Dr Daniel Keith Cheek Mailing Address 24 Sinnott Ci City Durham FEC ID number of contributing	<u></u>	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼	Occupation dentist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initi Dr James J Teague Mailing Address RR 1, Box 19 City Asheville FEC ID number of contributing federal political committee.	<u>'</u>	Date of Receipt M M M / D D D / Y Y Y Y Y O 9 2 4 2 0 0 9 Transaction ID: 8244036 Amount of Each Receipt this Period 500.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation dentist Aggregate Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page	(optional)	1500.00

SCHEDULE A (FEC		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 82 (check only one) X
or for commercial purposes, of NAME OF COMMITTEE (I	her than using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middon Dr Bruce R Hutchison Mailing Address 5217 G City Centreville FEC ID number of contributed political committee. Name of Employer self-employed	len Meadow Rd State VA	Zip Code 20120-1355	Date of Receipt 0 9 2 4 2 0 0 9 Transaction ID: 8244037 Amount of Each Receipt this Period 500.00
Other (specify)	neral	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Midd Dr Nona I Breeland Mailing Address 1506 E	dle Initial) . Franklin St, #204		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chapel Hill FEC ID number of contribu federal political committee.	State NC C	Zip Code 27514-2825	Transaction ID: 8244038 Amount of Each Receipt this Period 500.00
Name of Employer self-employed Receipt For: Primary Ger Other (specify) ▼	Occupation dentist Aggregat	on re Year-to-Date ▼ 500.00	
Full Name (Last, First, Midd Dr Ronald D Venezie Mailing Address 1000 H	dle Initial) eathwood Dairy Rd		Date of Receipt
City Apex FEC ID number of contribu federal political committee.	State NC C	Zip Code 27502-4044	Transaction ID: 8244040 Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	on	
Receipt For: Primary Ger Other (specify) ▼	Aggregat	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This	Page (optional)		1500.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 82 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Dental Association Politica	ne name and ad	dress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/</u> A.	Full Name (Last, First, Middle Initial) Dr M Joan Gillespie			Date of Receipt
	Mailing Address 1155 23rd St NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20037-3301	Transaction ID: 8244041 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self-employed	Occupatio dentist	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Dr James R Hupp Mailing Address 3600 Fair Oaks Ct			Date of Receipt 0 9 2 4 2 0 0 9
	City	State	Zip Code	Transaction ID: 8244042
	Greenville FEC ID number of contributing federal political committee.	C	27834-7649	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupatio dentist	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Dr Thomas R Edmonds Mailing Address 122 Woodbridge Dr			Date of Receipt 0 9 2 4 2 0 0 9
	City	State	Zip Code	Transaction ID: 8244083
	Lexington FEC ID number of contributing federal political committee.	SC C	29072-9556	Amount of Each Receipt this Period 200.00
	Name of Employer self-employed	Occupatio dentist	n	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)	1		950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 82 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Dental Association Politi	cal Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr Robert G Plage			Date of Receipt
Mailing Address 807 Wood Cove Ro	d		09 24 2009
City Wilmington	State NC	Zip Code	Transaction ID: 8244085
FEC ID number of contributing federal political committee.	C	28409-0504	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify)	- 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Kirk Norbo			Date of Receipt
Mailing Address PO Box 355			09 24 2009
City Waterford	State VA	Zip Code 20197-0355	Transaction ID: 8244086
FEC ID number of contributing federal political committee.	C	20197-0333	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation Dentist	n	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Richard D Barnes			Date of Receipt
Mailing Address 5256 River Club Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Suffolk	State VA	Zip Code 23435-3529	Transaction ID: 8244087
FEC ID number of contributing federal political committee.	C	25455-5525	Amount of Each Receipt this Period 500.00
Name of Employer self-employed dentist	Occupation Dentist	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 82 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Dental Association Politic	al Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr Michael A Abbott			Date of Receipt
Mailing Address 5006 Hunting Hills (Cir		09 24 2009
City	State	Zip Code	Transaction ID: 8244089
Roanoke FEC ID number of contributing federal political committee.	C	24018-8760	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼	- 	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Roger E Wood			Date of Receipt
Mailing Address 10741 Cherokee Rd			09 24 2009
City Midlothian	State VA	Zip Code 23113-1310	Transaction ID: 8244090
FEC ID number of contributing federal political committee.	C	23113-1310	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Rodney J Klima			Date of Receipt
Mailing Address 9807 Flintridge Ct			0 9 2 4 2 0 0 9
City Fairfax	State VA	Zip Code 22032-1724	Transaction ID: 8244093
FEC ID number of contributing federal political committee.	C	22032-1724	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
	<u> </u>		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 82 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Dental Association Politic	cal Action Com	mittee	
Full Name (Last, First, Middle Initial) Mrs. Carol Klima			Date of Receipt
Mailing Address 9807 Flintridge Cou	urt		09 24 2009
City Fairfax	State VA	Zip Code 22032-1724	Transaction ID: 8244094
FEC ID number of contributing federal political committee.	C	22032-1724	Amount of Each Receipt this Period 250.00
Name of Employer Rod Klima, DDS	Occupation administr		
Receipt For: Primary General Other (specify) ▼	- 	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Mark A Crabtree			Date of Receipt
Mailing Address 1100 Mulberry Rd	0 9 2 4 2 0 0 9		
City	State	Zip Code	Transaction ID: 8244095
Martinsville FEC ID number of contributing federal political committee.	C	24112-5220	Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Ralph L Howell, Jr			Date of Receipt
Mailing Address 117 Sleepy Ridge (Ct		0 9 2 4 2 0 0 9
City Suffolk	State VA	Zip Code 23435-1357	Transaction ID: 8244096 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self-employed	Occupation dentist	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 82 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Dental Association Political	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Gus C Vlahos Mailing Address PO Box 1379 City Dublin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State VA C Occupatio Dentist		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 500.00	
Mrs. Deborah Vlahos Mailing Address P.O. Box 1379 City Dublin FEC ID number of contributing federal political committee. Name of Employer Dr. Vlahos Family Dentist-ry Receipt For: Primary General Other (specify)	State VA C Occupatio dental hy Aggregate		Date of Receipt M M M 24 2009 Transaction ID: 8244098 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr Douglas S Rawls Mailing Address 704 S Main St City Summerville FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State SC C Occupation dentist Aggregate	Zip Code 29483-5912 n e Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 8244099 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			1250.00

Any information capied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee in solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Dental Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Mchand J Link Mailing Address 4 Assembly Ct City State Zip Code VA 23605-2022 FEC ID number of contributing federal political committee. C State Zip Code Name of Employer Self-employed Dentist Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Elizabeth A Jabbour Mailing Address 350 Brianwood Rd City Spartanburg FEC ID number of contributing federal political committee. C Sa301-2937 FEC ID number of contributing federal political committee. C Sa301-2937 FEC ID number of contributing federal political committee. C Sa301-2937 FEC ID number of contributing federal political committee. C Sa301-2937 FEC ID number of contributing federal political committee. C Sa301-2937 FEC ID number of contributing federal political committee. C Sa301-2937 FULL Name (Last, First, Middle Initial) Dr John N Williams, Jr Mailing Address 84303 Winslow City State Zip Code NC 27517-8538 FULL Name (Last, First, Middle Initial) Dr John N Williams, Jr Mailing Address 84303 Winslow City State Zip Code NC 27517-8538 FULL Name (Last, First, Middle Initial) Dr John N Williams, Jr Mailing Address 84303 Winslow City Chappel Hill NC 27517-8538 FEC ID number of contributing federal political committee. C Soloton Williams, Jr Mailing Address 84303 Winslow City Chappel Hill NC 27517-8538 FEC ID number of contributing federal political committee. C Soloton Williams, Jr Mailing Address 84303 Winslow City Chappel Hill NC 27517-8538 FULL Name (Last, First, Middle Initial) Dr John N Williams, Jr Mailin	SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 82 (check only one) X 11a
Full Name (Last, First, Middle Initial) Dr Michael J Link Mailing Address 4 Assembly Ct City State Zip Code Newport News VA 23606-3022 FEC ID number of contributing federal political committee. Name of Employer Sile Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Elizabeth A Jabbour Full Name (Employer Sile Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Cupation Dentits Cupation Dentits Receipt For: Point Name (Last, First, Middle Initial) Dr Elizabeth A Jabbour Full Name (Last, First, Middle Initial) Dr Elizabeth A Jabbour Full Name (Last, First, Middle Initial) Dr Elizabeth A Jabbour Full Name (Last, First, Middle Initial) Dr Elizabeth A Jabbour Full Name (Last, First, Middle Initial) Dr John Name of Employer Sile Apployer Sile Apployer Sile Apployer Sile Aggregate Year-to-Date ▼ Mailing Address 84303 Winslow City Chapel Hill FEC ID number of contributing federal political committee. Chapel Hill Name of Employer Sile Apployer	NAME OF COMMITTEE (In Full)		
Newport News FEC ID number of contributing federal political committee. Name of Employer Self-employed City State Zip Code Self-are political committee. Name of Employer	Full Name (Last, First, Middle Initia Dr Michael J Link Mailing Address 4 Assembly (al) Ct	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Self-employed Dentist Receipt For: Primary General Other (specify) ▼	FEC ID number of contributing	VA 23606-2022	
Date of Receipt Mailing Address 350 Briarwood Rd City State Zip Code Spartanburg SC 29301-2937 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ City State Zip Code SC 29301-2937 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr John N Williams, Jr Mailing Address 84303 Winslow City State Zip Code Chapel Hill NC 27517-8538 FEC ID number of contributing federal political committee. Name of Employer Self-Employer Self-Employer General Occupation Dentist Receipt For: Primary General Occupation Dentist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Sip Code Transaction ID: 8248760 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ State Sip Code Transaction ID: 8248760 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ State Sip Code Transaction ID: 8248760 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ State Sign Code Transaction ID: 8248760 Amount of Each Receipt this Period State Sign Code Transaction ID: 8248760 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ State Sign Code Transaction ID: 8248760 Amount of Each Receipt this Period The State Sign Code Transaction ID: 8248760	Self-employed Feceipt For: Primary General	Dentist Aggregate Year-to-Date ▼	
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В.

Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 58 / 82 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Dental Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Gerald Gelfand Date of Receipt Mailing Address 4455 La Barca Dr 09 25 2009 City State Zip Code Transaction ID: 8248766 CA 91356-5042 Tarzana Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer self-employed Occupation **Dental School Faculty** Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) Dr Stephen D Carter Date of Receipt Mailing Address 1895 Chartwell Trce 0 9 25 2009 City State Zip Code Transaction ID: 8248767 Stone Mountain GA 30087-2208 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer self-employed Occupation dentist

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TOTAL This Period (last page this line number only)		69300.00

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PAGE 59/82 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Dental Association Political Action Committee Full Name (Last, First, Middle Initial) California Dental PAC Date of Receipt Mailing Address PO Box 13749 09 11 2009 City State Zip Code Transaction ID: 8229307 Sacramento CA 95853 Amount of Each Receipt this Period FEC ID number of contributing 49.00 C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date General Primary 19090.68 Other (specify) Full Name (Last, First, Middle Initial) В. New Jersey Dental PAC Date of Receipt Mailing Address One Dental Plaza 0 9 18 2009 PO Box 6020 City State Zip Code Transaction ID: 8240572 North Brunswick NJ 08902 Amount of Each Receipt this Period FEC ID number of contributing C 49.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date Primary General 6494.00 Other (specify)

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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 82 (check only one) 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Dental Association Political	al Action Committee	
Full Name (Last, First, Middle Initial) Citibank 1 Mailing Address 1500 Vermont Ave N City	Jw State Zip Code	Date of Receipt M M M
Washington FEC ID number of contributing federal political committee.	DC 20005	Amount of Each Receipt this Period 29.47
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S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			NUMBE	R:		Р	AGE	61 / 8	32
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NAME OF COMMITTEE (In Full) American Dental Association Political Action Committee Full Name (Last, First, Middle Initial) Whitfield For Congress Committee Mailing Address P.O. Box 391 City State Zip Code KY 42241 Huppose of Disbursement Check sent to Mr. Mike Porter Candidate Name President State: KY District: 01 Full Name (Last, First, Middle Initial) State: KY District: 01 Full Name (Last, First, Middle Initial) City State Zip Code KY 42241 Check sent to Mr. Mike Porter Candidate Name Rep. Edward Whitfield Office Sought: X House Sacramento CA 95814 Purpose of Disbursement Check sent to Mr. Mike Porter Candidate Name Rep. Edward Whitfield City State: KY District: 01 Full Name (Last, First, Middle Initial) City State Zip Code CA 95814 Purpose of Disbursement CA 95814 Purpose of Disbursement CA 95814 Purpose of Disbursement Check sent to Dr. Ronald Mead Candidate Name Rep. Kevin McCarthy City Senate President State: Zip Code Candidate Name Rep. Kevin McCarthy City State Zip Code CA 95814 Purpose of Disbursement CA 95814 Purp		Detailed Summar	ry Page	21b 27	22 X 23 28a 28	3b 28c 29
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۸.	Full Name (Last, First, Middle Initial) Republican Majority Fund Mailing Address PO Box 144		Transaction ID: 8229249 Date of Disbursement M M M / D D D / Y Y Y O O 9
	City Alexandria	State Zip Code VA 22313	Amount of Each Disbursement this Period
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	City St. Louis Purpose of Disbursement Check sent to Dr. Mark Zust	State Zip Code MO 63131	Amount of Each Disbursement this Period 1500.00
	Candidate Name Todd Akin		gory/
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).	Full Name (Last, First, Middle Initial) Butterfield For Congress Committee		Transaction ID: 8229251 Date of Disbursement
	Mailing Address PO Box 2571		09 11 1 7 2009
	City Wilson	State Zip Code NC 27894	Amount of Each Disbursement this Period
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	Candidate Name Rep. George K. Butterfield	Cate Ty	gory/ pe
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	Mailing Address 2227 Hampton Street			09 / 15 / 2	0 0 9
	City Pittsburgh	State Zip Code PA 15218		Amount of Each Disbursement	this Period
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_	Full Name (Last, First, Middle Initial) Friends Of Doc Hastings			Transaction ID: 8234570 Date of Disbursement	
	Mailing Address PO Box 2926				0 0 9
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	Mailing Address 850 Ft Wayne Avenue			09 / 15 / 2	0 0 9
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	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress Mailing Address P.O. Box 2232							on ID:	_			ŏ 9 `	′
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	Full Name (Last, First, Middle Initial) America's Leadership PAC Mailing Address 607 14th St., NW							sburs	_			ŏ́9Ť	′
	#800 City Washington Purpose of Disbursement	State Zip Code DC 20005				Amou	int o	f Each	Disb		nent th		eriod
	Check delivered by Kris Nicholoff Candidate Name		1	01 ateg Typ	gory/		•	•			•	•	
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	Full Name (Last, First, Middle Initial) Tim Ryan For Congress					Trans Date	of D	sburs	ement		•		_
	Mailing Address 80 F St Nw Suite 804 Suite 804					0 9	М	1	5	/ L	ž o	ŏ9	
	City Washington	State Zip Code DC 20001				Amou	int o	f Each	Disb	-	nent th	-	eriod
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SCHEDULE B (FEC Form 3X)	USE SEDALATE SCHEUUIE(S)					E N	UMBE	R:		Р	AGE	67 /	82
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NAME OF COMMITTEE (In Full)													
American Dental Association Political Acti	on Commi	ttee											
Full Name (Last, First, Middle Initial) Penguin PAC									on ID:	8234	590		
Mailing Address PO Box 75214								M		5 /	Y	o ŏ s	9 Y
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Tim Ryan For Congress							Date of	of Di	isburs				_
Mailing Address 80 F St Nw Suite 804 Suite 804							0 ^M 9	M	[/] 1	5 /	Y 2	o ŏ s	e ^Y
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SCHEDULE B (FEC Form 3X)		INE NUMBER: PAGE 68 / 82
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 27	only one) 22
Any Information copied from such Reports and Stator for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Dental Association Political Ac		
Full Name (Last, First, Middle Initial) Fleming For Congress		Transaction ID: 8234854 Date of Disbursement
Mailing Address P.O. Box 1236 Box 281		09 15 / 2009
City Minden	State Zip Code LA 71058	Amount of Each Disbursement this Period
Purpose of Disbursement Check sent to Dr. Gary Roberts Candidate Name	011	1000.00
Rep. John Fleming, MD	Category/ Type	
Senate President	X Primary General Other (specify) ▼	Check sent to Dr. Gary Roberts
State: LA District: 04 Full Name (Last, First, Middle Initial)		: ID 0005747
Sue Myrick For Congress		Transaction ID: 8235747 Date of Disbursement 0 9 1 6 2 0 0 9
Mailing Address P.O. Box 37091		09 16 7 2009
City Charlotte	State Zip Code NC 28237	Amount of Each Disbursement this Period
Purpose of Disbursement Check sent to Campaign Candidate Name	011 Octoory/	500.00
Rep. Sue Wilkins Myrick	Category/ Type	
	sement For: 2010 X Primary General Other (specify)	Check sent to Campaign
Full Name (Last, First, Middle Initial) Capuano for Senate Committee		Transaction ID: 8235748 Date of Disbursement
Mailing Address 172 Central Street		09 16 7 2009
City Somerville	State Zip Code MA 02145	Amount of Each Disbursement this Period
Purpose of Disbursement	011	5000.00
Candidate Name Michael Capuano	Category/ Type	
ŭ	sement For: 2010 X Primary General Other (specify)	
State: MA District:	<u> </u>	
SUBTOTAL of Disbursements This Page (optional)	6500.00
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NAME OF COMMITTEE (In Full) American Dental Association Politica	I Action Committee			
Full Name (Last, First, Middle Initial)				Transaction ID: 8235749
Bill Cassidy For Congress Mailing Address 3482 Drusilla Lane	Cuito 1			Date of Disbursement O 9 1 6 2 0 0 9
City Baton Rouge		Code 1809		Amount of Each Disbursement this Period
Purpose of Disbursement Check sent to Dr. Jim Moreau		Г	011	1000.00
Candidate Name Rep. William Cassidy		C	Category/	
Senate President	sbursement For: X Primary Other (specify)	2010 General	71	Check sent to Dr. Jim Moreau
State: LA District: 00 Full Name (Last, First, Middle Initial)				
Kagen 4 Congress				Transaction ID: 8235758 Date of Disbursement
Mailing Address 100 West Lawrence	e St			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & 9 \end{smallmatrix} \end{bmatrix}$
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Purpose of Disbursement Check sent to Dr. Tim Rose			011	1500.00
Candidate Name Steven Kagen		C	Category/ Type	
Office Sought: X House Senate President State: WI District: 08	sbursement For: X Primary Other (specify)	2010 General		Check sent to Dr. Tim Rose
Full Name (Last, First, Middle Initial) Kagen 4 Congress				Transaction ID: 8235760 Date of Disbursement
Mailing Address 100 West Lawrence	e St			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ I & O & O & 9 \end{smallmatrix} \end{bmatrix}$
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Purpose of Disbursement Check sent to Dr. TIm Rose			011	5000.00
Candidate Name Steven Kagen		C	Category/	
Senate President	sbursement For: Primary Other (specify)	2010 X General		Check sent to Dr. TIm Rose
State: WI District: 08				
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Sir for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Dental Association Political	Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 8235761
Shimkus for Congress			Date of Disbursement
Mailing Address PO Box 5458			09 16 7 2009
City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Perio
Purpose of Disbursement	IL 02703		1500.00
Check sent to Dr. Keith Dickey Candidate Name		011	
Rep. John M. Shimkus		Category/ Type	
Senate President	oursement For: 2010 X Primary General Other (specify)		Check sent to Dr. Keith Dickey
State: IL District: 19			
Full Name (Last, First, Middle Initial) Effective Leadership PAC			Transaction ID: 8236035 Date of Disbursement
Mailing Address 309 LAFAYETTE AV	ENUE #13M		09 / 16 / 2009
City BROOKLYN	State Zip Code NY 11238		Amount of Each Disbursement this Perio
Purpose of Disbursement Check sent to PAC for event Bill Prentice will	attend 10.9.09	011	2000.00
Candidate Name Effective Leadership PAC		Category/ Type	
Senate President	oursement For: Primary General Other (specify) ▼		Check sent to PAC for eve- nt Bill Prentice will att- end 10.9.09
State: District: Full Name (Last, First, Middle Initial)			- "
Friends Of Schumer			Transaction ID: 8239861 Date of Disbursement
Mailing Address 509 Madison Ave Su	te 1902		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City New York	State Zip Code NY 10022		Amount of Each Disbursement this Perio
Purpose of Disbursement Check sent to Campaign per Dr. Mark Feldma		011	5000.00
Candidate Name Sen. Charles E. Schumer		Category/ Type	
X Senate President	oursement For: 2010 X Primary General Other (specify)		Check sent to Campaign per Dr. Mark Feldman
State: NY District:			
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	(check onl	NUMBER: PAGE 71 / 82
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28 28 29
ny Information copied from such Reports and Stater for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) American Dental Association Political Ac	·		
Full Name (Last, First, Middle Initial)			Transaction ID: 8239862
IMPACT			Date of Disbursement
Mailing Address 509 Madison Ave Suite 1902			09 0 21 2009
City New York	State Zip Code NY 10022		Amount of Each Disbursement this Perio
Purpose of Disbursement Check sent to Campaign per Dr. Mark Feldman		011	5000.00
Candidate Name IMPACT		Category/ Type	
Senate President	sement For: Primary General Other (specify)	1 7/1-2	Check sent to Campaign per Dr. Mark Feldman
State: District: Full Name (Last, First, Middle Initial)			Tuesday ID 0040770
Adler For Congress			Transaction ID: 8240770 Date of Disbursement
Mailing Address PO Box 1024			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} D & 2 & D \\ 2 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Mount Laurel	State Zip Code NJ 08054		Amount of Each Disbursement this Perio
Purpose of Disbursement Check sent to Dr. Charles Perle		011	5000.00
Candidate Name Mr. John Adler		Category/ Type	
Office Sought: X House Senate President State: NJ District: 03	sement For: 2010 Primary X General Other (specify)	7,7-2	Check sent to Dr. Charles Perle
Full Name (Last, First, Middle Initial) Radanovich For Congress			Transaction ID: 8240771 Date of Disbursement
Mailing Address 30151 Tomas Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Rancho Sta Mrgrita	State Zip Code CA 92688		Amount of Each Disbursement this Perio
Purpose of Disbursement Check sent to Campaign per Pam Woudstra	2.1. 02000	011	2000.00
Candidate Name Rep. George P. Radanovich		Category/ Type	
Office Sought: X House Disbu	x Primary General Other (specify)	1 "	Check sent to Campaign per Pam Woudstra
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ب ۵.	Full Name (Last, First, Middle Initial) Loebsack for Congress						Trans Date				8240 ment	772			
	Mailing Address 385 E. College Street						0 ^M 9	М	/	^D 2	^D /	Y 2	ž o ŏ s	9 ^Y	
	City Iowa City	State IA	Zip Code 52240				Amo	unt o	f E	ach [Disburs				
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	Candidate Name Rep. Dave Loebsack				ateg Typ	ory/ e									
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	Mailing Address C/O California Political L 3605 Long Beach Blvd.,						0 9	M	<u>'</u>	^D 2:	3 /	[*] 2	ž o ŏ s	9	
	City Long Beach	State CA	Zip Code 90807				Amo	unt o	f E	ach [Disburs	emei	nt this I	Period	
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) .	Ciro D. Rodriguez For Congress						Date	of D	_	urser	ment		· · · · ·	V	
	Mailing Address 363 W. Harding						0 ^M 9	М	Ĺ	^D 2:	3 /	' 2	ž o ŏ s	9 '	
	City San Antonio	State TX	Zip Code 78221				Amo	unt o	f E	ach [Disburs	emei	nt this	Period	
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F	Candidate Name Rep. Susan A.		Disburser	mont For:	2010		egory/ ype					
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	City Pittsburgh			State PA	Zip Code 15218			Amoun	t of Each Disb			eric
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N	Candidate Name Michael Doyle				05:5		egory/ ype					
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\rangle	NAME OF COMMITTEE (In Full) American Dental Association Political Acti											
	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	824	3952		
	Capps For Congress								ement	V	., .,	V
	Mailing Address 301 E. Carrillo Street, Si	uite A				0 9	M /	້2	4 /		2009)
	City Santa Barbara	State Zip Code CA 93101				Amou	ınt of	Each	Disbu	oursement this Period		
	Purpose of Disbursement	CA 93101									00.00)
	Check sent to Campaign per Pam Woudstra			01	1							
	Candidate Name Lois Capps			ateç Typ	gory/ be							
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	State: CA District: 23											
	Full Name (Last, First, Middle Initial) Progress PAC					Trans Date			824 ement	3954		
	Mailing Address PO Box 83142					0 ^M 9	M /	^D 2	4 /	Y	ž o ŏ s	9 Y
	City Gaithersburg	State Zip Code MD 20883				Amou	ınt of	Each	Disbu	rseme	nt this	Perio
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	Candidate Name Progress PAC		C	_	gory/							
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) \(\psi\)		71		Chec	k ser	nt to	PAC			
	Full Name (Last, First, Middle Initial) Rob Wittman for Congress							sburse	824 ement	3955		
	Mailing Address 14877 Kings Highway PO Box 999					0 9	M /	^D 2	4 /	Y	ž o ŏ s	e Y
	City Montross	State Zip Code VA 22520				Amou	ınt of	Each	Disbu	rseme	nt this I	Perio
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	American Dental Association Political Action	on Commi	ttee													
۸.	Full Name (Last, First, Middle Initial) Jeff Fortenberry for Congress							Trans				-	3956			
	Mailing Address 1620 N Street							0 ^M 9	М	/ D	2 4	1 /	Y	Ý 0 Ď	9 ^Y	
	City Lincoln	State NE	Zip Code 68508					Amou	nt o	f Eac	h [Disbur	semei	nt this	Perio	od
	Purpose of Disbursement Check sent to Campaign per Dr. Ed Vigna			Г	01	1		L.					25	500.0	0	
	Candidate Name Jeffrey Fortenberry			С	ateg Typ	ory/ e										
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_	State: NE District: 01 Full Name (Last, First, Middle Initial)															
3.	Tiberi For Congress							Date (sburs	ser	nent	3957	v v	V	
	Mailing Address 2021 E Dublin Granville Suite 2000	Road						0,8	IVI		2 4	4 ′	. 2	žoŏ	9 '	
	City Columbus	State OH	Zip Code 43229					Amou	nt o	f Eac	h [Disbur		nt this		od
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 ;.	Full Name (Last, First, Middle Initial) Childers For Congress							Trans					5650			
	Mailing Address PO Box 177							0 ^M 9	М	/ D	2 !	5 /	Y	Ý 0 Ď	9 ^Y	
	City Booneville	State MS	Zip Code 38829					Amou	nt o	f Eac	h [Disbur	semei	nt this	Perio	od
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SCHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE 76 / 82					
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American Dental Association Political Action	on Committee					
Full Name (Last, First, Middle Initial) Follow the North Star Fund			Transaction ID Date of Disburs			
Mailing Address 316 E Hennepin Ave Suite 201			09 / 0	25 2009		
	State Zip Code MN 55414		Amount of Eac	h Disbursement this Period		
Purpose of Disbursement Check sent to PAC for lunch hosted by Jim Free		011		2500.00		
Candidate Name Follow the North Star Fund		Category/ Type				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Check sent to ch hosted by			
Full Name (Last, First, Middle Initial) Rhode Island Hope PAC			Transaction ID Date of Disburs	sement		
Mailing Address 607 14th Street, NW Suite 800			09 / 0	25 7 2009		
City Washington	State Zip Code DC 20005		Amount of Eac	h Disbursement this Period		
Purpose of Disbursement Check sent to PAC for lunch hosted by Jim Free		011		1000.00		
Candidate Name Rhode Island Hope PAC		Category/ Type				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Check sent to ch hosted by	PAC for lun- Jim Free		
Full Name (Last, First, Middle Initial) Leahy For U.S. Senator Committee			Transaction ID Date of Disburs			
Mailing Address PO Box 1042			09 / 0	25 2009		
City Montpelier	State Zip Code VT 05601		Amount of Eac	h Disbursement this Period		
Purpose of Disbursement Check sent to Campaign for dinner hosted by Jim	Free	011		2500.00		
Candidate Name Sen. Patrick Leahy		Category/ Type				
° 🗎 –	ment For: 2010 Primary General Other (specify)		Check sent to dinner hosted	Campaign for by Jim Free		
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check onl	NUMBER:	PAGE 82 / 82	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28b		26 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam					
\	NAME OF COMMITTEE (In Full)	0 '''				
/	American Dental Association Political Action	on Committee				
	Full Name (Last, First, Middle Initial)			Transaction ID: 8	286337	
	Citibank 1			Date of Disburseme	nt	
	Mailing Address 1500 Vermont Ave Nw			09 7 30	['] 2009 [']	
	City Washington	State Zip Code DC 20005		Amount of Each Dis	bursement this Period	1
	Purpose of Disbursement	20000			49.61	
			001			_
	Candidate Name		Category/ Type			
	Office Sought: House Disburse	ement For:				
	Senate	Primary General				
	President	Other (specify)				
	State: District:					

SUBTOTAL of Disbursements This Page (optional)	•	49.61
TOTAL This Period (last page this line number only)	•	49.61